								Application or Docket Number					
	PATENT AF	PPLICATION Effectiv	D	10083557.									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL EN		OR	OTHER	•	
TOTAL CLAIMS			21				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBE	R EXTRA	BASIC FEE		370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			7 / minus 20=		* [X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS			3 minus 3 =		A	A		X42=		OR	X84=	<i></i>	
MU	LTIPLE DEPEND	ENT CLAIM PR	ESENT		 		+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L]	TOTAL	758	
								TOTAL		OR	OTHER		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL		
NT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**		=		X\$ 9=	· · · ·	OR	X\$18=		
WEN	Independent	*	Minus	***		=		X42=		OR	X84=		
Į₹	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM		┢	440		1			
					L			+140= TOTAL		OR	TOTAL		
								DDIT. FEE		OR	ADDIT. FEE		
					٦		1						
MENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	**	Minus	**		=		X\$ 9=		OR	X\$18=		
AMEND	Independent	*	Minus	***		<u> </u>] ;	X42=	1	OF	X84=	,	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
ł								TOTAL		OF	TOTAL		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							DDIT. FEE		10-	ADDIT. FE		
<u> </u> _										7		1 4551	
MENDMENT C		REMAINING AFTER AMENDMENT	:	NL PRE	JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OM ME	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=		
	Independent	*	Minus	***		=	1 t	X42=		٦,,	X84=		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

OR

+280=

TOTAL ADDIT. FEE

X42=

+140=

ADDIT. FEE

TOTAL

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."